

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Pride PAC

ADDRESS (number and street)

PO Box 2719

☐ Check if different than previously reported. (ACC)

Washington

DC

20013

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00492124

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☒ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Princella Smith

Signature of Treasurer

Princella Smith

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Pride PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 07 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		352.00
(b) Cash on Hand at Beginning of Reporting Period.....	6115.39	
(c) Total Receipts (from Line 19)	500.00	7485.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6615.39	7837.00
7. Total Disbursements (from Line 31)	6149.88	7371.49
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	465.51	465.51
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9000.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Pride PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
07	/	01	/	2012

To:

M M	/	D D	/	Y Y Y Y Y Y
07	/	31	/	2012

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

250.00

1000.00

(ii) Unitemized

50.00

365.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

300.00

1365.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

300.00

1365.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

200.00

6120.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

500.00

7485.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

500.00

7485.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	648.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	648.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	325.00	555.09
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	325.00	555.09
29. Other Disbursements	5824.88	6167.86
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6149.88	7371.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6149.88	7371.49

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	300.00	1365.00
34. Total Contribution Refunds (from Line 28(d))	325.00	555.09
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	-25.00	809.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	648.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	648.54

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Pride PAC

Full Name (Last, First, Middle Initial)

A. Ricky Finkbeiner

Mailing Address #5 Collins Industrial Place

City

N. Little Rock

State

AR

Zip Code

72113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Energy Master Home Inc

Occupation

Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 10 / 2012

Transaction ID : SA11AI.4283

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

250.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 8 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)
American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTINGMailing Address **PO BOX 2719**

City State

WASHINGTON

Zip Code

DC**20013**

Outstanding Balance Beginning This Period

1000.00**Transaction ID : SD10.4109**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTINGMailing Address **PO BOX 2719**

City State

WASHINGTON

Zip Code

DC**20013**

Outstanding Balance Beginning This Period

500.00**Transaction ID : SD10.4114**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTINGMailing Address **PO BOX 2719**

City State Zip Code

WASHINGTON**DC****20013**

Outstanding Balance Beginning This Period

500.00**Transaction ID : SD10.4117**

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.001) **SUBTOTALS** This Period This Page (optional)..... ►**2000.00**2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4120

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4122

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC compliance consulting

Mailing Address PO BOX 2719

City

WASHINGTON

State

DC

Zip Code

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4130

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC COMPLIANCE CONSULTING

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4138

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting Fees

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4144

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4148

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4150

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4163

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4166

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 13

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4168

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

WASHINGTON

Zip Code

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4194

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

1500.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 13 OF 13

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

American Pride PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITAL EFFECTS, LLC

Nature of Debt (Purpose):

FEC Compliance Consulting

Mailing Address PO BOX 2719

City State

Zip Code

WASHINGTON

DC

20013

Outstanding Balance Beginning This Period

500.00

Transaction ID : SD10.4263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

500.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1000.00

2) **TOTALS** This Period (last page this line number only)..... ►

9000.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

9000.00